

STATE OF CALIFORNIA
TRAVEL EXPENSE CLAIM

See Instructions and Privacy Statement on Reverse Side
Traveler ID Unit Code 210
STAFF

BK Trip? ☐ YES ☐ NO

Page ____ of ____ Pages

CLAIMANT'S NAME Karen Baker	Fiscal Year 2008-2009	2008TEC1709	SSN OR EMPLOYEE NUMBER*	DEPARTMENT OPR
POSITION Executive Director	CB/ID NO.: EXEMPT	DIVISION OR BUREAU California Volunteers		PCA # 31101
RESIDENCE ADDRESS*		HEADQUARTERS ADDRESS 1110 K Street Suite 210		TELEPHONE NUMBER 916-323-7646
CITY Sacramento	STATE CA	ZIP CODE 95864	CITY Sacramento	STATE CA
		ZIP CODE 95814		

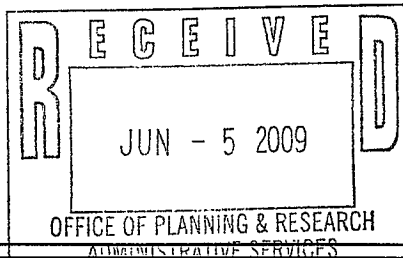
(1) MONTH/YEAR May 2009		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENT- TALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
(2) DATE	TIME			BREAK- FAST	LUNCH	O.T., L.T. N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES AMOUNT		
5/20	0930	Sac/LA			\$10.00	\$18.00				\$9.00	11 \$6.27	\$28.11	\$71.38
5/21	1900	LA/Sac					\$6.00			\$9.00	18 \$9.90		\$24.90
											\$0.00		\$0.00
											\$0.00		\$0.00
											\$0.00		\$0.00
											\$0.00		\$0.00
											\$0.00		\$0.00
											\$0.00		\$0.00
											\$0.00		\$0.00
											\$0.00		\$0.00
											\$0.00		\$0.00
											\$0.00		\$0.00
											\$0.00		\$0.00
											\$0.00		\$0.00
											\$0.00		\$0.00
											\$0.00		\$0.00
											\$0.00		\$0.00
(10) SUBTOTALS					\$10.00	\$18.00	\$6.00			\$18.00	? 16.17	\$28.11	\$96.28

COLUMN CODE (ACCTS. USE ONLY)

CLAIM TOTAL \$ \$96.28

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Attended full commission meeting.



(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

4ybd289

(14) MILEAGE RATE CLAIMED

AGENCY ACCOUNTING OFFICE
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

\$0.55

THEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

(15) CLAIMANT'S SIGNATURE <i>Karen Baker</i>	DATE 5/27/09	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT <i>Karen B. Esposito</i>	DATE 5.28.09
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse) <i>Karen B. Esposito, Chief of Staff</i>			DATE